

 commerce.wi.gov Wisconsin Department of Commerce		Safety and Buildings Division 201 W. Washington Ave., P.O. Box 7162 Madison, WI 53707-7162		County _____ Sanitary Permit Number (to be filled in by Co.) _____	
<h2 style="margin: 0;">Sanitary Permit Application</h2> <p style="font-size: small; margin: 5px 0;">In accordance with s. Comm. 83.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Commerce. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.</p>				State Transaction Number _____ Project Address (if different than mailing address) _____	
I. Application Information – Please Print All Information					
Property Owner's Name _____				Parcel # _____	
Property Owner's Mailing Address _____				Property Location _____	
City, State _____		Zip Code _____	Phone Number _____	Govt. Lot _____ <div style="display: flex; justify-content: space-around; font-size: small;"> 1/4, _____ 1/4, Section _____ </div> <div style="text-align: center; font-size: small;">(circle one)</div>	
II. Type of Building (check all that apply) <input type="checkbox"/> 1 or 2 Family Dwelling – Number of Bedrooms _____ <input type="checkbox"/> Public/Commercial – Describe Use _____ <input type="checkbox"/> State Owned – Describe Use _____			Lot # _____		
			Block # _____		
			CSM Number _____		
				T _____ N; R _____ Subdivision Name _____ <input type="checkbox"/> City of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> Town of _____	
III. Type of Permit: (Check only one box on line A. Complete line B if applicable)					
A.	<input type="checkbox"/> New System	<input type="checkbox"/> Replacement System	<input type="checkbox"/> Treatment/Holding Tank Replacement Only	<input type="checkbox"/> Other Modification to Existing System (explain) _____	
B.	<input type="checkbox"/> Permit Renewal Before Expiration	<input type="checkbox"/> Permit Revision	<input type="checkbox"/> Change of Plumber	<input type="checkbox"/> Permit Transfer to New Owner	List Previous Permit Number and Date Issued _____
IV. Type of POWTS System/Component/Device: (Check all that apply) <input type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound ≥ 24 in. of suitable soil <input type="checkbox"/> Mound < 24 in. of suitable soil <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other Dispersal Component (explain) _____ <input type="checkbox"/> Pretreatment Device (explain) _____					
V. Dispersal/Treatment Area Information:					
Design Flow (gpd)	Design Soil Application Rate(gpdsf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation _____	
VI. Tank Info		Capacity in Gallons	Total Gallons	# of Units	Manufacturer
	New Tanks	Existing Tanks			
Septic or Holding Tank					<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>PREFAB CONCRETE</div> <div>SITE CON-STRUCTED</div> <div>STEEL</div> <div>FIBER-GLASS</div> <div>PLASTIC</div> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
Dosing Chamber					<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>PREFAB CONCRETE</div> <div>SITE CON-STRUCTED</div> <div>STEEL</div> <div>FIBER-GLASS</div> <div>PLASTIC</div> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.					
Plumber's Name (Print) _____		Plumber's Signature _____		MP/MPRS Number _____	Business Phone Number _____
Plumber's Address (Street, City, State, Zip Code) _____					
VIII. County/Department Use Only					
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Permit Fee \$ _____	Date Issued _____	Issuing Agent Signature _____	
<input type="checkbox"/> Owner Given Reason for Denial _____					
IX. Conditions of Approval/Reasons for Disapproval <div style="height: 100px; border: 1px solid black;"></div>					

Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size